



3629
sfw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application:

| | | | | |
|---------------------|---|-------------------|-------------------|--------------------|
| Appl. No. | : | 09/818,727 | Confirmation No.: | 1337 |
| Applicant | : | Ronald P. Sansone | | |
| Filed | : | March 27, 2001 | | |
| Art Unit | : | 3629 | | |
| Examiner | : | Jamisue A. Webb | | |
| Attorney Docket No. | : | E-988 | | |
| Customer No. | : | 00919 | Date: | September 16, 2004 |

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 13, 2004, please amend the above-identified patent application as follows:

- **Amendments to the Specification** begin on page 3 of this paper.
- **Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.
- **Remarks/Arguments** begin on page 8 of this paper.

Appln. No.: 09/818,727
Amdt. Dated September 16, 2004
Reply to Office Action dated July 13, 2004

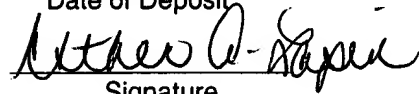
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

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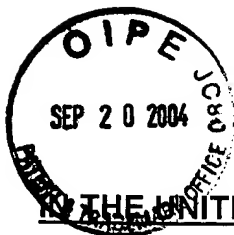

Signature

Esther A. Lapin

Name of Rep.

September 16, 2004

Date



UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Date: September 16, 2004
Ronald P. Sansone) Attorney Docket No.: E-988
Serial No.: 09/818,727) Customer No.: 00919
Filed: March 27, 2001) Group Art Unit: 3629
Confirmation No.: 1337) Examiner: Jamisue A. Webb

Title: **METHOD FOR A CARRIER TO DETERMINE THE LOCATION OF A
MISSING PERSON**

AMENDMENT TRANSMITTAL LETTER

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

| | Claims Remaining After Amendment | - | Highest Number Previously Paid For | = | Number of Extra Claims Present | X | Rate | = | Additional Fee |
|---|---|---|---|---|---|---|---------|---|-------------------|
| Total Claims | 10 | - | 10 | = | 0 | X | \$18.00 | = | 0.00 |
| Independent Claims | 2 | - | 2 | = | 0 | X | \$86.00 | = | 0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | | | 0.00 |

No additional fee is required.

Please charge any additional fees or credit overpayment to Deposit Account Number
16-1885.



- 2 -

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